

# Accepted Manuscript

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PII: S1878-8750(17)30949-X

DOI: [10.1016/j.wneu.2017.06.057](https://doi.org/10.1016/j.wneu.2017.06.057)

Reference: WNEU 5928

To appear in: *World Neurosurgery*

Received Date: 10 April 2017

Revised Date: 5 June 2017

Accepted Date: 7 June 2017

Please cite this article as: Zhao Y, Zhang Q, Zhang D, Zhao Y, The Effect of Aspirin in the Postoperative Management of Adult Ischemic Moyamoya Disease, *World Neurosurgery* (2017), doi: 10.1016/j.wneu.2017.06.057.

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## The Effect of Aspirin in the Postoperative Management of Adult Ischemic Moyamoya Disease

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### Abstract

Aspirin has been implicated in the postoperative management of moyamoya disease (MMD) in order to avoid bypass failure and decrease the incidence of subsequent stroke. However, the effect of it has not been completely determined yet. In this study, we retrospectively reviewed data of 184 adult patients (197 hemispheres) presented with ischemic-onset moyamoya disease that had undergone direct or combined revascularization in our hospital, to clarify the effect of postoperative aspirin therapy in the management of moyamoya disease. 59 hemispheres that had been administered with aspirin (100 mg/d) after bypass surgery were defined as 'Aspirin group', whereas 138 were defined as 'Control group'. Among 197 hemispheres, the mortality rate was 0. The incidence of postoperative newly developed infarction, TIA and hemorrhage were not significantly different between aspirin group and control group, respectively. The patency rate of bypass graft was not significantly different between groups, either. Notably, more patients experienced major stroke in the control (9/138) than in aspirin group (1/59), but no statistical difference was found ( $P>0.05$ ). In aspirin group, more patients had improved outcome than control group ( $P=0.04$ ). Our findings showed that aspirin might not decrease the incidence of postoperative ischemic stroke or increase patency rate of bypass graft, but it does not increase the risk of hemorrhages, either. Also, postoperative aspirin therapy might improve outcome. More studies are needed to provide evidence for postoperative antiplatelet therapy in MMD management.

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